



PATIENT

Shamus Romanczak

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

14Y, 9M

WEIGHT

21.6lbs

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Animal Mansion
 Veterinary Hospital

REFERRING VET

Dr. Parker

INVOICE

75044

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Vomiting, elevated pancreas values, and elevated BUN last week. Today diarrhea and anorexia. Radiographs NSF. Had 100 mg gabapentin at 6:30 AM today for ultrasound. Abnormal PE/Chem/CBC/UA Results: Bun 29, Alp 15, Glob 3.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with a primarily homogenous parenchyma. A subtly hyperechoic, medial parenchyma, to emerging hyperechoic nodule was present measuring 1.1 cm in diameter without evidence of capsule distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

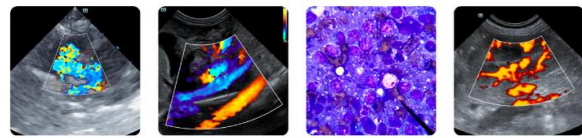
The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. A solitary, well-demarcated, mildly hyperechoic, hepatic nodule is present in the mid liver measuring 1.4 cm in diameter. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and moderate, gravity dependent, congealed, hyperechoic, nonorganized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. No evidence of obstruction to the pyloric outflow. The pylorus wall measured 0.33 cm.
Shamus Romanczak	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.46 cm. The jejunum wall measured 0.35-0.37 cm.
Canine	
BREED	Normal visible colon wall layers were present with semi-formed to soft fecal matter in lumen.
Mix	<i>Pancreas</i>
SEX	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
MN	<i>Free Abdomen</i>
AGE	No overt lymphadenopathy or peritoneal effusion was present.
14Y, 9M	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Sonographically unremarkable gastrointestinal tract/colon with mild nonshadowing gastric ingesta and semi-formed/soft fecal matter in colon. • Normal pancreas. • Nonorganized gallbladder debris (nonmucocele) • Subtle medial splenic hyperechoic parenchyma/emerging hyperechoic nodule - suspect emerging myelolipoma. • Mild age related renal changes. • Hyperechoic liver nodule - suggestive of benign criteria such as nodular hyperplasia, lipogranuloma. • Normal adrenal glands.
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HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Animal Mansion Veterinary Hospital	Mild to chronic pancreatitis, which may present sonographically normal, may be suspected if cranial abdomen or subxiphoid discomfort on palpation.
REFERRING VET	The gastric ingesta is most consistent with retained food/chyme. No evidence of gastroenterocolic mural pathology or obstructive pattern. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended. Gastrointestinal support empirical therapy for potential mild to chronic pancreatitis with clinical monitoring recommended. Correlation with USG given mild azotemia indicated if not done.
Dr. Parker	
INVOICE	Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed
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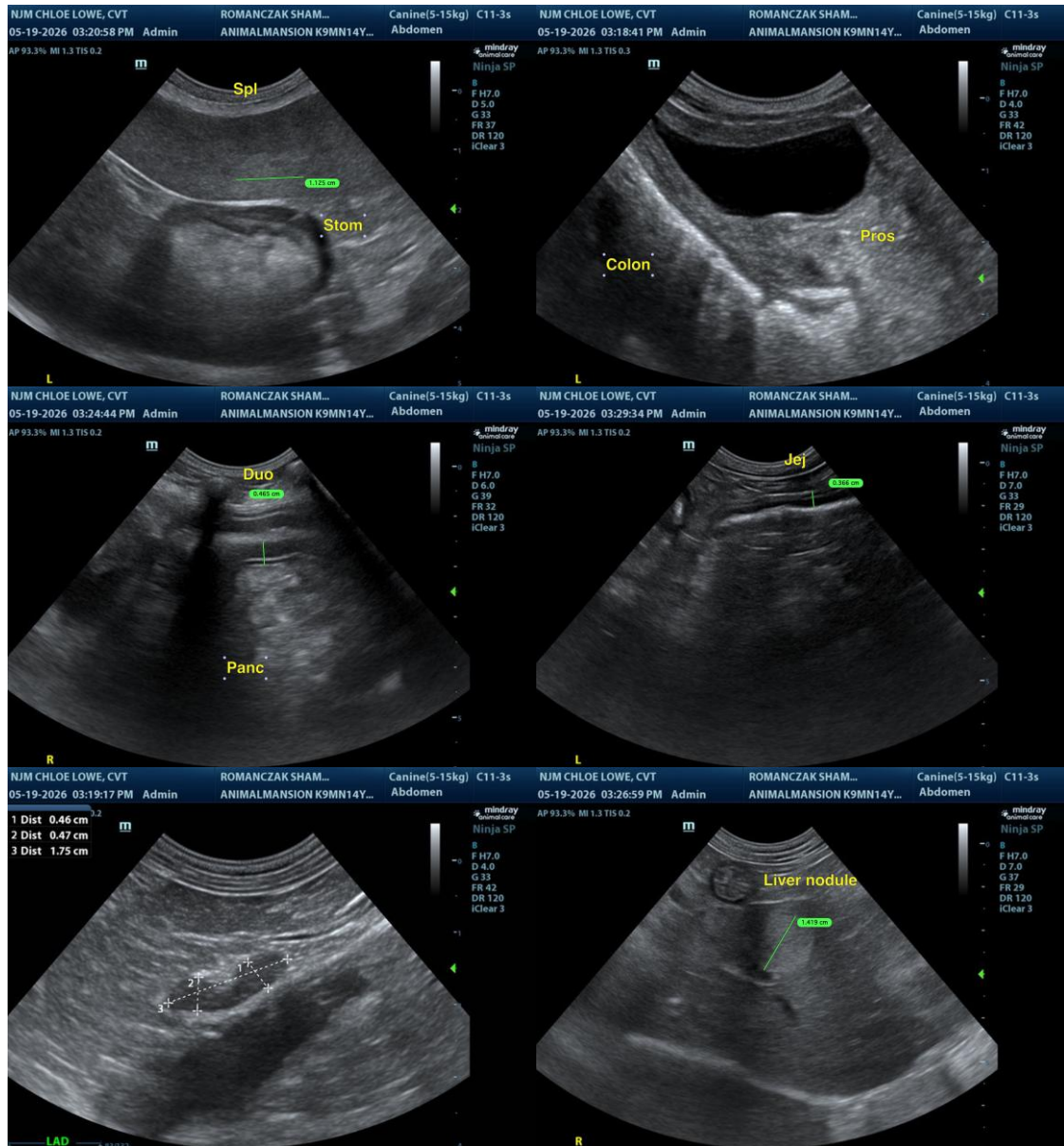
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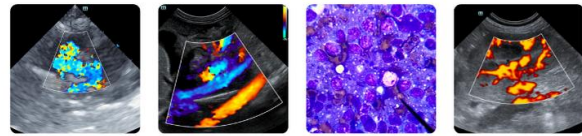
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gastroprotectants are suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

Recheck sonogram if nonresponsive or persistent gastrointestinal signs or progressive azotemia.

Sonographic monitoring of the liver and emerging splenic nodule for evidence of progression indicated given suspect benign criteria.





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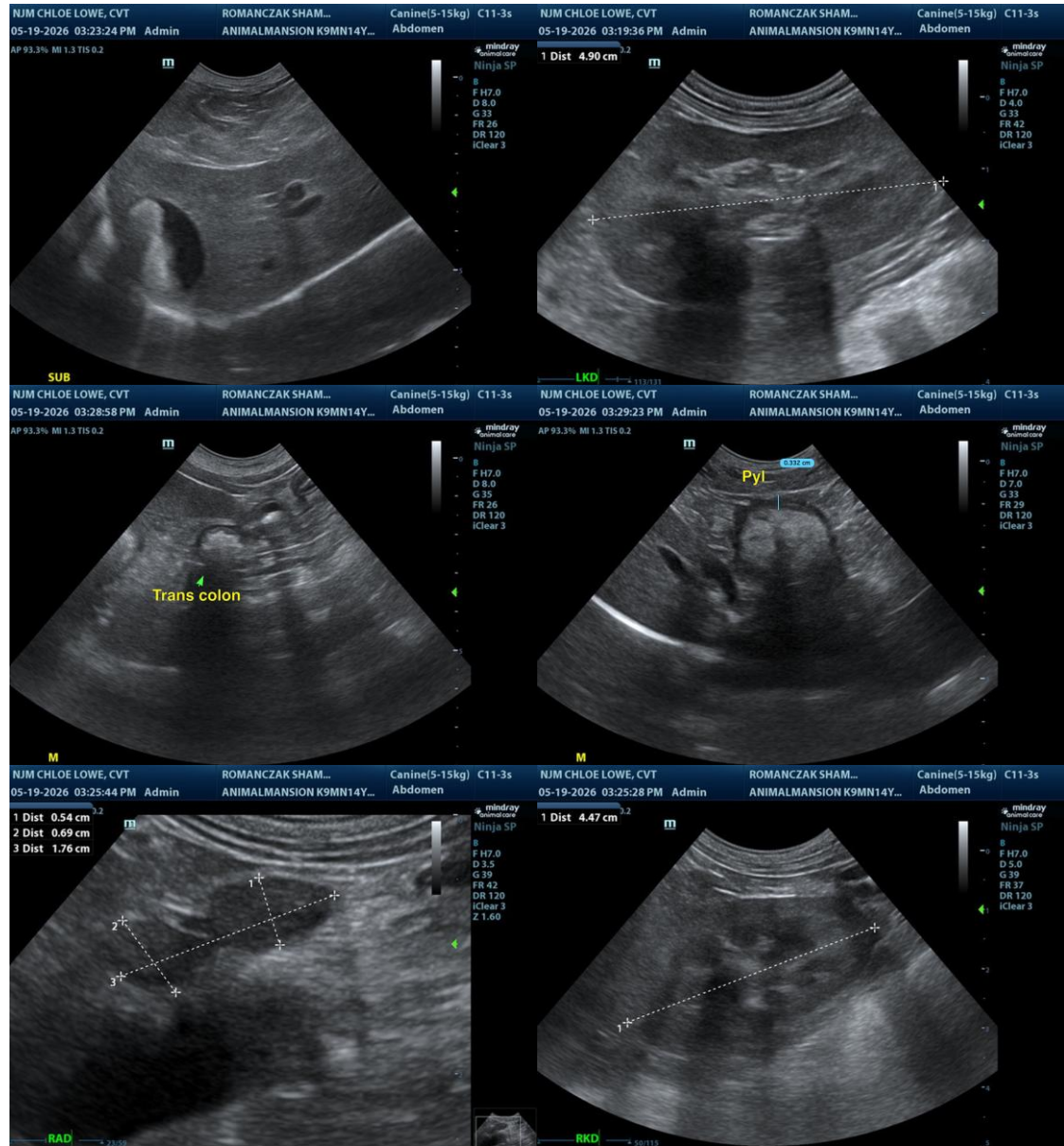
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com